

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Secretary, Office of Minority Health

FUNDING OPPORTUNITY TITLE: Communities Addressing Childhood Trauma (ACT)

ACTION: Notice

ANNOUNCEMENT TYPE: Initial Competitive Grant

FUNDING OPPORTUNITY NUMBER: MP-CPI-16-002

CFDA NUMBER: 93.137

CFDA PROGRAM: Community Programs to Improve Minority Health

DATES:

Your application is due by April 18, 2016, by 5 p.m. Eastern Time. To receive consideration, your application must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date and time. If your application does not meet the specified deadline it will be returned to you unread. You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, HHS/OASH Office of Grants Management. To obtain an exemption, you must request one via email from the HHS/OASH Office of Grants Management, and provide details as to why you are technologically unable to submit electronically through Grants.gov portal. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline. If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your

organization's DUNS number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH Office of Grants Management will only accept applications via alternate methods (hardcopy paper via US mail or other provider or PDF via email) from applicants obtaining prior written approval. The application must still be submitted by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via US mail or other service or PDF via email) with an approved written exemption will be accepted. *See* Section D.7. ("Other Submission Requirements") for information on application submission mechanisms.

Executive Order 12372 comment due date: The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section D.4 Intergovernmental Review.

To ensure adequate time to successfully submit your application, HHS/OASH recommends that you register as early as possible in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

Technical Assistance: A technical assistance webinar for potential applicants will be held on March 9, 2016, from 3:00-4:00 pm Eastern time. Information on how to access the webinar will be posted on the Office of Minority Health's website, www.minorityhealth.hhs.gov.

EXECUTIVE SUMMARY: The U.S. Department of Health and Human Services, Office of Minority Health, located within the Office of the Secretary announces the anticipated availability of funds for Fiscal Year (FY) 2016 for the grant award Communities Addressing Childhood Trauma (ACT) under the authority of 42 U.S.C. §300 u-6 (section 1707 of the Public Health Service Act, as amended). This notice solicits applications for ACT projects.

ACT seeks to address unhealthy behaviors in minority youth and provide them with opportunities to learn coping skills and gain experiences that contribute to more positive lifestyles and enhance their capacity to make healthier life choices. OMH intends that ACT projects will demonstrate the effectiveness of a highly innovative and multi-partnership collaborative approach, incorporating the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)¹. ACT network of agencies and organizations at a minimum should include each of the following:

- University/college/research institution or a Tribal epidemiology center or Urban Indian Health Organization;

¹ <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>.

- Community-based organization/faith-based organization;
- Public health and/or health care organization; and
- An organization(s) that provides, behavioral health services.

Other collaborating partners may include primary and secondary schools, sports organizations, youth clubs, other related community organizations and institutions, and the community at-large who have experience addressing a reduction in risky behaviors among targeted minority and/or disadvantaged youth ages 5 to 15 years at the time they enter the program. OMH expects that, at the end of the five-year program, each ACT project will have a cohort of at least 50 individuals who have gone through the program from its inception. The assistance or benefits of the ACT program may not be denied to any person based on race, sex, color or national origin.

The ACT project is expected to impact approximately 2,500 children and adolescents from minority and disadvantaged populations through a network of community-based, community-focused intervention programs and social support activities. OMH anticipates that awards will be funded in annual increments ranging from \$325,000 to \$400,000 each year for a five year period of performance. OMH intends to make available each year a total of \$3,000,000 for 7 to 9 competitive awards.

A. PROGRAM DESCRIPTION:

Background

The mission of OMH is to improve the health of racial and ethnic minority populations through the development of health policies and programs to eliminate health disparities. OMH serves as the focal point in HHS for leadership, policy development and

coordination, service demonstrations, information exchange, coalition and partnership building, and related efforts to address the health needs of racial and ethnic minorities.

Childhood trauma is pervasive throughout society. No socioeconomic strata of society are immune to its effects. And its effects last long into adulthood. Physical manifestations of trauma may include sleep disorders, eating disorders, pain, obesity, asthma, cardiovascular complications, gastrointestinal disorders, and headaches.² Using data from the 2011-2012 National Survey of Children's Health, a nationally representative sample of 95,677 children aged 0-17 years was reviewed. The researchers assessed the prevalence of adverse childhood experiences and associations between them and factors affecting children's development and lifelong health. After adjusting for confounding factors, they found lower rates of school engagement and higher rates of chronic disease among children with adverse childhood experiences. Findings suggest that building resilience—defined in the survey as “staying calm and in control when faced with a challenge,” for children ages 6–17—can ameliorate the negative impact of adverse childhood experiences. They found higher rates of school engagement among children with adverse childhood experiences who demonstrated resilience, as well as higher rates of resilience among children with such experiences who received care in a family-centered medical home.³

A second and equally important perspective on trauma and communities is the understanding that communities can also experience trauma. Just as with the trauma of an

² Agency for Healthcare Research and Quality, April 15, 2013. Effective Health Care Program. “Child Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Maltreatment”; Centers for Disease Control and Prevention, Adverse Childhood Experiences Survey, <http://www.cdc.gov/violenceprevention/acestudy/index.html>.

³ Health Bethell, C., Newcheck, P., Hawes, E., Halfon, N. Adverse Childhood Experiences: Assessing the Impact on Health and School Engagement and the Mitigating Role of Resilience. (Dec 2014) *National Journal of Health Affairs*, Vol. 33, No. 12, 2106-2115. <http://www.ncbi.nlm.nih.gov/pubmed>.

individual or family, a community may be subjected to a community-threatening event, have a shared experience of the event, and have an adverse, prolonged effect. Whether the result of a natural disaster (e.g., a flood, a hurricane, or an earthquake) or an event or circumstances inflicted by one group on another (e.g., forced relocation from one's homeland or ongoing exposure to violence in the community), the resulting trauma is often transmitted from one generation to the next in a pattern often referred to as historical, community, or intergenerational trauma.

Communities can collectively react to trauma in ways that are very similar to the ways in which individuals respond. They can become hyper-vigilant, fearful, or they can be re-traumatized, triggered by circumstances resembling earlier trauma. Trauma can be built into cultural norms and passed from generation to generation. Communities are often profoundly shaped by their trauma histories. Making sense of the trauma experience and telling the story of what happened using the language and framework of the community is an important step toward healing community trauma.

Many people who experience trauma readily overcome it and continue on with their lives; some become stronger and more resilient; for others, the trauma is overwhelming and has a negative impact upon their lives. Some may get help in formal support systems; however, the vast majority will not. The manner in which individuals and families can mobilize the resources and support of their communities and the degree to which the community has the capacity, knowledge and skills to understand and respond to the adverse effects of trauma has significant implications for the well-being of the people in their community.⁴

⁴ SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, prepared by SAMHSA's Trauma and Justice Strategic Initiative, July 2014. www.samhsa.gov/nctic/trauma-interventions.

Program Purpose and Structure

The Communities Addressing Childhood Trauma Program (ACT) seeks to address unhealthy behaviors in minority and/or disadvantaged youth, ages 5-15 years when they enter the program, who have been exposed to childhood trauma. ACT is intended to test the effectiveness of innovative approaches in promoting healthy behaviors among minority and/or disadvantaged youth at-risk for poor health/life outcomes due to childhood trauma. These innovative approaches (including curricula) should be designed for minority and/or disadvantaged youth ages 5 to 15 years who have been exposed to childhood trauma, as well as support services to their families. These demonstration grants should take a multi-partner approach involving: a university/college/research institution or a Tribal epidemiology center or Urban Indian Health Organization; a community-based organization/faith-based organization; a public health and/or health care organization; and an organization(s) that provides behavioral health services. Additional collaborating partners may include primary and secondary schools, sports organizations, youth clubs, other related community organizations and institutions, and the community at-large who have experience addressing reduction in behaviors among targeted minority youth 5 to 15 years of age. An advisory board should guide the project relative to the development and implementation of programs and services to be provided to the target population.

The ACT initiative also promotes the goals of My Brother's Keeper (<https://www.whitehouse.gov/my-brothers-keeper>), an initiative launched by President Obama to ensure that all young people can reach their full potential, including boys and young men of color.

The definition of childhood trauma, according to the Task Force on Community Preventive Services, in the Centers for Disease Control and Prevention's Guide to Community Preventive Services, is one of the following: 1) a traumatic event in which a person experiences or witnesses actual or threatened death or serious injury, or a threat to the physical integrity of self or others; 2) trauma which may take the form of single or repeated events that are natural or human-made and intentional or unintentional; or 3) traumatic exposures which may have only temporary effects or result in no apparent harm. However, such exposures may result in psychological harm and lead to long term health consequences. The mistreatment of children and the adverse childhood experiences from such exposures predispose children for behavioral, mental and physical health issues throughout their lives. A trauma-informed intervention model focused on educational, social, and emotional supports is intended to provide minority children, adolescents and their families programming that equips them to remediate unhealthy behaviors with coping strategies, confidence building, approaches to communication, resilience, self-esteem building , problem-solving skills, educational attainment, and leadership skills that can transform their lives.⁵

ACT funded grantees should serve minority and/or disadvantaged youth and their families who live in communities where they are exposed to chronic traumatic situations repeatedly over long periods of time such as violence (e.g., homicides, nonfatal assaults, school violence, and suicide), domestic violence, some forms of physical abuse or long-standing sexual abuse. These

⁵ Centers for Disease Control and Prevention, Task Force on Community Preventive Services. *Guide to Community Preventive Services*. Using Evidence for Public Health Decision Making: Violence Prevention Focused on Children and Youth. www.thecommunityguide.org/about/commGuideViolenceSlideset.pdf.

exposures to traumatic events and traumatic situations may result in child traumatic stress due to exposure that overwhelms their ability to cope with such experiences.

The ACT program is expected to impact a total of approximately 2,500 children and adolescents from minority and/or disadvantaged populations through a network of community-based, community-focused intervention programs and social support activities. OMH anticipates awards will be funded in annual increments ranging from \$325,000 to \$400,000 each year for a five year period of performance. OMH intends to make a total of \$3,000,000 available each year for 7 to 9 competitive awards.

OMH expects successful applicants will maintain the same cohort throughout the five year period of the grant, a cohort of at least 50 students, ages 5 through 15 years at the time they enter the program, selected in the first year of the project period, in order to track baseline indicators/measures in comparison to outcome indicators/measures. Because of the nature of cohorts (numbers of participants in cohorts may decline due to attrition), a larger number of youth/students should be selected when the grant program commences in order to maintain the original cohort of 50 youth/students at the end of the grant. To reiterate, at a minimum, OMH expects the cohort of at least 50 youth/students to be supported for the entire period of the grant, although additional students may be recruited/enrolled in the program when the grant program begins to ensure at least 50 youth/students from the original cohort continue throughout the five year project period. In addition, ACT programs may serve more than one cohort, and may serve additional youths selected beyond the first year of the project period. Successful applicants who fail to maintain at least 50 youth from the first year of the project period may be terminated for failure to maintain satisfactory progress.

Successful applicants are also expected to provide a comparison group of students who match the characteristics of the target student population but are located at a different site than that of the cohort. The assistance or benefits of each ACT project may not be denied to any person based on race, sex, color or national origin.

OMH Expectations

OMH intends ACT to demonstrate the impact of an intervention that is culturally and linguistically tailored to minority and/or disadvantaged populations to address coping skills to improve resiliency behaviors associated with childhood trauma in the target minority and/or disadvantaged population(s). OMH expects the proposed program will result in the following improvements for the ACT cohort(s):

- Reduction in high risk behaviors due to childhood trauma;
- Strengthening of protective/resiliency factors;
- Development of sustainable basic life skills needed to deal with the demands of everyday life; and
- Development of skills and behaviors that lead to healthier lifestyle choices.

Services provided under ACT may not be denied to any person based on race, color, or national origin.

Applicant Project Results

Applicants must identify anticipated project results that are consistent with the overall purpose of ACT and OMH expectations. Project results should fall within the following general categories:

- Development of sustainable life skills that will empower youth to become competent, contributing members of society who deal effectively with the demands and challenges of everyday life (such as self-awareness, interpersonal skills, problem solving ability, conflict resolution, critical thinking, effective communication, goal setting, and how to cope with emotions and stress);
- Creation of protective factors among youth designed to promote healthier lifestyles;
- Increased participation in other extracurricular activities such as leadership opportunities, academic clubs, sports, drama, music, debate clubs, and other similar activities;
- Engagement of parents/caregivers, coaches, teachers, and other relevant individuals in the social, emotional, and cognitive development of the students in order to create positive and healthier home, school, and community environments; and
- Mobilization of communities and partnerships to support a comprehensive, effective and sustainable program for youth and their families.

The outcomes of these projects will be used to develop other national efforts to address unhealthy behaviors due to childhood trauma, associated with health disparities and empowering minority youth to make better and informed decisions.

Performance Measures for Communities Addressing Childhood Trauma (ACT)

At the end of each funding year of this initiative, each grantee should be able to:

- Document that at least 50 minority and/or disadvantaged youth from the original cohort are still enrolled in the project.
- Document the progress/benchmarks that have been achieved based on the original baseline indicators/measures. The baseline and benchmark measures should be compared to the expected outcome measures.
- Document the location of the comparison group, and the matching characteristics of the target student population.
- Describe culturally and linguistically tailored interventions that are tailored to the targeted minority and/or disadvantaged population(s) to address coping skills to improve resiliency behaviors associated with childhood trauma in the target population.
- Describe collaborations with each partnering organization and their role in the project to promote a network of community-based, community-focused intervention programs and social support activities.
- Describe the project's activities that reduce high risk behaviors due to childhood trauma.
- Describe the project's activities that strengthen protective/resiliency factors.
- Describe the project's activities that address the development of sustainable basic life skills needed to deal with the demands of everyday life.
- Describe the project's activities that address the development of skills and behaviors for other relevant individuals in the social, emotional, and cognitive development of the participating youth in order to create a positive and healthier home, school, and community environment.
- Describe the project's progress in mobilizing communities and partnerships to support a comprehensive, effective and sustainable program for youth and their families.

Project Requirements

Projects supported through ACT should:

- Use the following screening/diagnostic tools to assess childhood trauma: *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) for Post-Traumatic Stress Disorder; Child and Adolescent Trauma Measures: A Review. Diagnostic and Statistical Manual, UCLA PTSD Reaction Index (DSM-5 Version);*⁶ and *Child and Adolescent Trauma Measures: A Review.*⁷
- Use the *Youth Risk Behavior Surveillance System*⁸ (YRBSS) survey to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include behaviors that contribute to unintentional injuries and violence; sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; and inadequate physical activity. The YRBSS also includes additional surveys such as a middle school survey conducted by interested states, territories, tribal governments, and large urban school districts.⁹
- Select at least one Healthy People 2020 Leading Health Indicator (LHI) that measures childhood trauma-related issues appropriate for the project; and provide the baseline

⁶ Steinberg, A.M, Beyerlein, B. The National Child Traumatic Stress Network. UCLA PTSD Reaction Index: DSM-V Version. UCLA/Duke University National Center for Child Traumatic Stress, University of California, Los Angeles. www.nctsn.org/nctsn_assets/pdfs/mediasite/ptsd-training.pdf.

<http://www.nctsn.org/products/administration-and-scoring-ucla-ptsd-reaction-index-dsm-v>.

⁷ Strand, V, Pasquale, L., Sarmiento, T. The National Child Traumatic Stress Network. Child and Adolescent Trauma Measures: A review. www.ncswtraumaed.org/wp-content/uploads.

⁸ <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>.

⁹ <http://www.cdc.gov/healthyyouth/data/yrbs/overview.htm> (Accessed 10/23/2015).

measure and expected outcome measure for the selected LHI.

<http://www.healthypeople.gov/2020/Leading-Health-Indicators>.

- Provide intervention services related to childhood trauma to at least one cohort of 50 youth, ages 5 to 15 years at the start of the intervention, who will continue to be served each of the five years of the project.
- Use the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) to develop and/or implement culturally and linguistically tailored interventions to address childhood trauma among minority and/or disadvantaged youth. (<https://www.thinkculturalhealth.hhs.gov>).
- During the fifth year of the project, develop and disseminate findings of the project, including the measurable outcomes of the Leading Health Indicator(s) selected for the project.
- Target minority and/or disadvantaged youth who have been involved in or are at-risk of being involved in childhood trauma or who live in a community with a significant amount of childhood trauma.
- Recruit and maintain the same cohort of which at least 50 minority and/or disadvantaged youth, ages 5 to 15 years-old at the time they enter the program, participate in all five years of the project.
- Recruit, select and maintain a comparison group of disadvantaged youth ages 5-15 years, but preferably located at a different site than the target cohort, for the purpose of evaluating the effectiveness of the project's interventions.
- Establish a collaborative partnership of ACT network of agencies and organizations which at a minimum should include at least one of each of the following: a

University/college/research institution or a Tribal epidemiology center, or Urban Indian Health Organization; a community-based organization/faith-based organization; public health and/or health care organization; and an organization(s) that provides ,behavioral health services.

- Additional collaborating partners may include primary and secondary schools, alternative/non-traditional schools, sports organizations, youth clubs, other related community organizations and agencies, and federally-supported youth programs, including those funded through the Substance Abuse and Mental Health Services Administration (SAMHSA), Administration for Children and Families (ACF), Indian Health Service (IHS), the Centers for Disease Control and Prevention (CDC), the Office of the Assistant Secretary for Health (OASH), and the U.S. Department of Justice (DOJ).
- Establish a meeting site where project activities for youth and families will take place. The meeting site should be within the target community to facilitate access to the program activities on a consistent basis. (The meeting site may, but is not required to, be located at the grantee institution or at a facility of one of the partner organizations.) The meeting site is expected to be open year round, with activities offered at various times (e.g., weekdays, evenings, weekends) to accommodate project activities.
- Collaborate and coordinate ACT activities that establish close relationships between school counselors, teachers, and parents/caregivers. These activities should be aimed at supporting students' academic, social, and emotional needs.
 - OMH suggests that these activities include monthly conferences between parents/caregivers and teachers, newsletters, and weekly e-mail.

- Programs are also encouraged to provide access to counseling services.
 - To support these activities, OMH suggests that ACT programs collaborate with schools to obtain de-identified student data such as GPAs, standardized test scores, attendance rates, and records of suspensions and expulsions.
- Conduct a comprehensive program of support education for the cohort of youth which includes services to mitigate childhood trauma and promote academic enrichment, personal development and wellness, cultural enrichment, and career development. After school tutoring activities must be provided for a minimum of four hours per week throughout the school year.
 - Examples of efforts designed to ensure that minority and/or disadvantaged youth have a successful transition into adulthood include:
 - After school and in-class tutoring by college students and education professionals, focusing on math, science, reading comprehension, and writing;
 - Group sports and recreational activities that promote positive self-images, self-accomplishment, lifelong physical activity, as well as incorporate team building techniques and leadership skills that are developmentally appropriate;
 - Structured journaling as a way for youth to document their activities, measure progress and gain self-awareness;
 - Access to music, dance, drama, writing, debate, and other activities to promote students' personal talents and strengths;
 - Peer leadership skills training, focusing on dealing with conflicts among friends, and recognizing and adopting alternatives to aggression and violence.

- Educational and prevention activities on tobacco, alcohol, and drug use, including discussion circles, testimonials from peers, and educational videos followed by group discussion that are developmentally appropriate;
- Screening for depression and other mental health issues, including counseling on body image, self-esteem, coping skills, and confidence-building;
- Promotion of healthy eating habits through activities such as nutrition workshops, healthy cooking demonstrations, and food diaries;
- Positive youth development including stress management, anger management, school drop-out prevention and addressing chronic absenteeism and other factors that contribute to higher rates of expulsion from school;
- Classes on cooking, arts and crafts, carpentry, computer programming, mechanics, and other occupational skills that allow youth to explore vocational interests;
- Activities that foster enhanced intra-family interaction and communication, including family counseling sessions, home visits conducted by staff, parenting technique classes, and family activity nights;
- Activities that work with parents/caregivers to improve parental involvement and skills that support healthy youth behaviors. These may include parenting classes as well as workshops on time management and parental stress management;
- Access to and utilization of social networking tools (such as Twitter, Facebook, organization websites) to foster communication among program participants and keep youth informed of ongoing events and activities;

- Cultural enrichment and rights-of-passage with parents and youth to promote an understanding of self and life choices and signify personal transformation, achievements and milestones of participating youth; and
- One-on-one and/or small group gatherings between college students and youth at venues such as college visits/tours, sporting events, camping, hiking, bowling and cultural activities designed to foster trust, encourage dialogue on goals and plans, and address barriers to academic and personal achievement.
- Summer activities should include a program of at least six weeks duration, that:
 - Offer opportunities for students to participate in activities or events on campus;
 - Involve sports, physical activity, and other health promoting forms of recreation;
 - Provide positive and productive individuals to serve as mentors, tutors, and role models; and
 - Involve youths' parents/caregivers in activities to promote their understanding of risk and protective factors and foster interaction and communication with their children.
- Establish an advisory board comprised of five to nine individuals representative of the target community and partner organizations to provide advice and guidance on program implementation, design, and direction. The membership should include but not be limited to representatives from the community to be served; a primary, secondary, alternative or non-traditional school educator or administrator; a student from the cohort being served; and a parent involved in programming.
 - Suggested areas from which to select other members of the advisory board include law enforcement, juvenile justice system, behavioral health, public

health, social services, undergraduate students, and faith and community-based organizations.

- Information about the outcomes of the project must be developed and disseminated during the fifth year of the project.
 - Determine the effectiveness of collaborative community-based interventions on reducing risky behaviors among targeted minority and disadvantaged youth and demonstrate the effectiveness of the collaborative partnership approach among the types of partners involved in the project.

Impact/Outcomes

OMH anticipates that ACT will:

- Increase the systems in place that build resilience, support and educate minority and disadvantaged youth who reside in communities experiencing trauma;
- Increase the number of children, youth and families who succeed in improving life skills, establishing support systems and accomplishing educational goals;
- Establish a social determinant based trauma-informed model focused on social and emotional support and academic achievement programs which incorporates culturally and linguistically appropriate services that may be replicated;
- Produce documents, case studies, reports and other materials on the topic of childhood trauma services tailored in a culturally and linguistically appropriate manner to minority and disadvantaged youth and their families residing in high risk communities.

AUTHORITY: 42 U.S.C. §300 u-6 (Public Health Service Act §1707, as amended).

B. FEDERAL AWARD INFORMATION

The Office of Minority Health intends to make available approximately \$3,000,000 for competing grants.

We will fund grants in annual increments (budget periods) and generally for a project period of up to five years, although we may approve shorter project periods. Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of federal funds.

Award Information

Estimated Funds Available for Competition: \$3,000,000 per budget period

Anticipated Number of Awards: 7 to 9 awards

Range of Awards: \$325,000 to \$400,000 per budget period

Anticipated Start Date: 07/01/2016

Period of Performance: Not to exceed 5 years

Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted: Electronic via Grants.gov **ONLY unless an exemption is granted.**

C. ELIGIBILITY INFORMATION

1. Eligible Applicants.

Eligible applicants that can apply for this funding opportunity are listed below:

- Nonprofit with 501(c)(3) IRS status (other than institution of higher education)
- Nonprofit without 501(c)(3) IRS status (other than institution of higher education)

- For-profit organizations (other than small business) (*for profit organizations must agree to forgo any profit or management fee*)
- Small, minority, and women-owned business
- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska native tribally designated organizations
- Alaska Native Health Organizations
- Urban Indian Health Organizations
- Tribal epidemiology centers
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States (in consultation with States)

2. *Cost Sharing or Matching.* None

3. *Other Eligibility Information*

Application Responsiveness Criteria

We will review your application to determine whether it meets the following responsiveness criteria. If your application does not meet the responsiveness criteria, we will eliminate it from the competition and it will not be reviewed.

The applicant appears to have demonstrated:

- The project will serve disadvantaged youth ages 5 to 15 and their families;
- The project will serve a cohort of at least the same 50 youths from the first year of the project period throughout the five years of the project.
- The applicant submitted with its application a Letter of Commitment (LOC) between the applicant organization and each partner organization. The LOC clearly delineates the roles and resources (including in-kind) that each entity will bring to the project; states the duration and terms of the agreement and covers the entire project period. The LOC includes all partners and is signed by the authorized representatives of each ACT partner. Signatures may be by facsimile transmission or other electronic means, and the LOC may be executed in any number of counterparts, all of which together shall constitute one signed LOC.
- The applicant submitted with its application a confidentiality plan for participants/clients that covers the entire five year period of the project. The plan includes all network partners and is signed by an authorized representative of each ACT partner. Signatures may be by facsimile transmission or other electronic means, and the confidentiality plan may be executed in any number of counterparts, all of which together shall constitute one signed confidentiality plan.

Application Screening Criteria

If your application is appropriately submitted, it will be screened to assure a level playing field for all applicants. If duplicate applications from the same organization for the same project are successfully submitted, only the last application received by the deadline will be reviewed. If your application fails to meet the screening criteria described below it will **not** be reviewed and will receive **no** further consideration.

1. Your application must be submitted electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by 5 pm on April 18, 2016.
2. Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points.
3. Your Project Narrative must **not** exceed 55 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).
4. Your total application, including the Project Narrative plus Appendices, must **not** exceed 80 pages. NOTE: items noted in #3 above do not count toward total page limit.
5. Your proposed budget does **not** exceed the maximum indicated in Range of Awards.
6. Your application meets the **Application Responsiveness Criteria** outlined above.

D. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at <http://www.grants.gov/>. You can find it by searching on the CFDA number shown on page 1 of

this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

Office of Grants Management

Phone: 240-453-8822

Email: ogm.oash@hhs.gov

2. Content and Form of Application Submission

i. **Letter of Intent** -- Not required.

ii. Application Format

Your application must be prepared using the forms and information provided in the online grant application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Screening Criteria listed in Section C.

You must double-space the Project Narrative pages.

You should use an easily readable typeface, such as Times New Roman or Arial. You *must* use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easily readable. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in Application Screening Criteria. Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete.

If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5" X 11" paper by HHS/OASH/OGM, it will not be

considered. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easily readable.

Appendices

Your Appendices should include any specific documents outlined in Section D.2.iii., under the heading “Appendices” in the Application Content section of this funding opportunity announcement. You should not include brochures and bound materials. If you create Appendices specifically for this application, you should use the same formatting required for the Project Narrative, including double-line spacing. However, if you include appendix documents that were not created directly in response to this funding announcement, especially those imported from other sources and documents (e.g., organizational structure), you may retain the original formatting, but the pages must be easily readable.

Project Abstract

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. HHS may publish your abstract if your project is funded; therefore, it should not include sensitive or proprietary information.

Budget Narrative

The Budget Narrative text should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

iii. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

Executive Summary

Experience and Problem Statement

Goals and Objectives

Proposed Interventions

Special Target Populations and Organizations

Outcomes

Project Management

Evaluation Plan

Dissemination

Executive Summary. Briefly describe key aspects of the Background and Experience, Objectives, Program Plan, and Evaluation Plan. The summary should be no more than three pages in length.

Experience and Problem Statement. Your application should include an organizational capability statement. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work, and the capabilities it possesses. This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. The applicant should document significant experience addressing childhood trauma services to minority and disadvantaged youth. If appropriate, include an organization chart showing the relationship of the project to the current organization.

Describe and document with data the magnitude of the problem of childhood trauma, maltreatment, abuse, or other unhealthy behaviors on the target population. Describe the target population (e.g., race/ethnicity, age, gender, educational level, income, and specific subpopulations) including geographic areas to be served. In describing the problem or the need for the ACT project, the applicant should clearly describe the risk factors faced by the targeted youth. The description of the risk factors must be supported with data regarding the local area (national, regional, and state and tribal data may be used to put the local problem in context). Identify partner organizations and provide the rationale for including each of them in the project.

Goals and Objectives. State objectives in measurable terms, including baseline data and time frames for achievement. Objectives are expected to be related to Healthy People 2020 and ACT overall. Provide an objective for each of the required program areas (i.e., academic/cultural

enrichment, life skills, career development, emotional and social development, personal development and wellness). Provide at least one ACT objective for the selected Leading Health Indicator (LHI) addressed by the project. State objectives in terms of proposed measurable improvements, including time frames for achievement for the five-year project period.

In addition, objectives should follow the SMART approach (Specific, Measurable, Attainable/Achievable, Relevant, and Time bound.) Developing specific, measurable objectives requires time, orderly thinking, and a clear picture of the results expected from program activities. The more specific your objectives are, the easier it will be to demonstrate success. SMART objectives can serve as your performance measures because they provide the specific information needed to identify expected results.

Proposed Interventions. Applicant organizations must propose to implement a project that will address the following:

(1) Provide services to youths ages 5-15 years at the time they begin receiving services from the project and their families who reside in communities in which maltreatment and trauma have occurred, such as substance use disorders, depressive episodes, PTSD, violence, legal detention, incarceration, school drop outs, bullying (including cyberbullying), chronic absenteeism, food insecurity, and unhealthy weight.

(2) Provide an appropriate range of services, through community networks, taking into account the age and interests of participants, which will propel the project participants to success.

(3) Provide health, behavioral health, and social support services, and structured educational preparation activities that correspond to Healthy People 2020 Leading Health Indicator (LHI) objectives or sub-objectives/measures. The selected LHI objectives/measures

(see Mental Health and Substance Abuse LHIs and other LHIs that are measurable) should become the baseline measures for at least one of the health, behavioral health, and social support services, and structured educational preparation activities addressed by the project.

(4) Identify appropriate assessment tools and scales to measure individual improvements, accomplishments and achievements of life skill, social and emotional development, and educational goals.

(5) Develop a trauma informed project that is developmentally appropriate and incorporates culturally and linguistically appropriate services that focuses on prevention, treatment and recovery from trauma. Applicants may refer to the SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach

(<http://newsletter.samhsa.gov/2015/03/03/samhsas-concept-trauma-guidance-trauma-informed-approach/>) as well as to the National CLAS Standards

(<https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>).

(6) Summer activities should include a program of at least six weeks duration, that:

- Offer opportunities for students to participate in activities or events on campus.
- Involve sports, physical activity, and other health promoting forms of recreation.

(7) Involve undergraduate and graduate students from the applicant organization or its partners and other positive and productive individuals to serve as mentors, tutors and/or role models.

(8) Involve youths' parents/caregivers in activities to promote their understanding of risk and protective factors for childhood trauma, and foster enhanced interaction and communication with their children.

Special Target Populations and Organizations

Proposed projects should be designed for minority and/or disadvantaged youth ages 5 to 15 years at the start of the program who have been exposed to childhood trauma, as well as support services to their families. The ACT network of agencies and organizations at a minimum should include each of the following:

- University/college/research institution or a Tribal epidemiology center or Urban Indian Health Program;
- Community-based organization/faith-based organization;
- Public health and/or health care organization; and
- An organization that provides behavioral health services.

Other collaborating partners may include primary and secondary schools, sports organizations, youth clubs, other related community organizations and institutions, and the community at-large who have experience addressing reduction in risky behaviors among targeted minority and/or disadvantaged youth 5 to 15 years of age.

Outcomes.

This section of the project narrative must clearly identify the measurable outcome(s) that will result from your project. HHS/OASH will not fund any project that does not include measurable outcomes. In addition to discussion in the narrative, applicants must describe how they envision the project will benefit the field at large.

A “measurable outcome” is an observable end-result that describes how a particular intervention benefits program participants. It demonstrates the “impact” of the intervention. For

example, a change in a client's financial, health, health coverage and/or functional status; mental well-being; knowledge; skill; attitude; awareness; education or employment status; housing status; or behavior. It can also describe a change in the degree to which participants exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated; new knowledge; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable output, such as: the number of clients served; the number of training sessions held; or the number of service units provided.

You should keep the focus of this section on describing *what* outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe *how* the outcome(s) will be measured and reported. Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited.

Project Management.

This section should include a clear delineation of the roles and responsibilities of project staff and subrecipients and other partners and how they will contribute to achieving the project's objectives and outcomes. Also include information about any contractual and/or supportive staff/organization(s) that will have a secondary role(s) in implementing the project and achieving project goals. OMH expects that the applicant will provide evidence of significant experience among itself and its partners providing culturally and linguistically appropriate childhood trauma services to minority and/or disadvantaged youth. Include, in the appendices, the curriculum vitae or biographical sketches for key project personnel. It should specify who would have day-to-day

responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress; evaluation of the project; preparation of reports; and communications with other partners and HHS/OASH. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives. HHS/OASH expects that, throughout the grant period, the Principal Investigator or Project Director will have involvement in and substantial knowledge about all aspects of the project.

In particular, the application should describe:

- The advisory board for the project as stated in the Project Requirement section above.

This section should describe how the applicant plans to involve representative organizations in a meaningful way in the planning and implementation of the proposed project. Additionally, this section should outline who you consider vested stakeholders and community gatekeepers in the successful operation of the project, how they were/will be identified, and how they will be meaningfully incorporated into the project.

Evaluation Plan

The evaluation plan must clearly articulate how the applicant will evaluate program activities. The evaluation plan should, at the beginning of the project, set forth how the project will capture and document actions contributing to relevant project impact and outcomes. The evaluation plan should include a completed logic model diagram and describe, for all funded activities:

- Intended results (i.e., impacts and outcomes);

- How impacts and outcomes will be measured (i.e., what indicators or measures will be used to monitor and measure progress toward achieving project results). This includes measurable Leading Health Indicators (LHIs) previously stated in the objectives and program plan;
- Methods for collecting and analyzing data on measures;
- Evaluation methods that will be used to assess impacts and outcomes;
- Evaluation expertise that will be available for this purpose;
- How results are expected to contribute to
 - the objectives of ACT as a whole;
 - Healthy People 2020 goals and objectives;
 - any relevant ACT specific Healthy People 2020 objectives; and
 - the potential for replicating the evaluation methods and the project for similar efforts in other geographic locations.

The evaluation plan should describe the quantitative and qualitative tools and techniques that will be employed to measure the outcome(s) and how you will identify and document lessons learned. The applicant should describe the methods for recruiting a comparison group and methods of data collection for the purposes of evaluating the effectiveness of the project's interventions.

Applicants should provide a logic model as suggested in the *Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/and Ethnic Health Disparities*. <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=20>. Applicants are also strongly encouraged to refer to “Evaluation Planning Guidelines for Grant Applicants” when developing the evaluation plan for the proposal.

<http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/Evaluation%20Planning%20Guidelines%20for%20Grant%20Applicants.pdf>. OMH's suggested ACT performance metrics are set forth in

Appendix B to this Funding Opportunity Announcement.

Note: Successful applicants will be required to report project-related data in the Office of Minority Health's Performance Data System (PDS) (OMB No. 0990-0275, Expiration date 08/31/16). PDS is a web-based management information system developed by the Office of Minority Health to enable collection of standardized performance data from OMH grant recipients.

Applicants should describe a detailed plan to document the process of developing and implementing the program and identifying key successes, challenges, and lessons learned.

Topics your implementation evaluation plan should cover include but are not limited to:

Planning — How the community(ies) was selected, the needs and resources of the community, process for selecting evidence-based programs, promising practice and emerging program and practice to ensure fit, strategies for implementing programs to scale, efforts to build organization capacity, sustainability activities

Implementation — Reach, community engagement, recruitment and retention, maintaining fidelity and quality, continuous quality improvement activities, implementation challenges, sustainability

Outcomes — How well was the program implemented and received by participants? How well was the program received by the community? Were there necessary adaptations and

why? What were the facilitators' experiences implementing the program? Participants' satisfaction? Level of engagement of community partners?

Lessons Learned - Summary of lessons learned throughout the project.

The implementation evaluation plan should include the initial, midpoint, and final assessments of individual and community activities (i.e., trauma informed, YRBSS, self-esteem, academic performance, community infrastructure, social, emotional, and support services), as well as progress reporting (i.e., improvement in LHI indicators/measures, trauma and risk-taking behavior core indicators, academic and grade reports, justice involved and project measures), and network/community profiles and other relevant reports.

Dissemination: This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats to the target audience, the general public, and other parties who might be interested in using the results of the project. All appropriate findings and products may be posted on a HHS sponsored website as determined by HHS. Therefore, you should propose innovative approaches to informing parties who might be interested in using the results of your project to inform practice, service delivery, program development, and/or policy-making, especially to those parties who would be interested in replicating the project. HHS/OASH expects that nationwide dissemination of products and knowledge will occur.

Budget Narrative

You are required to submit a combined multi-year Budget Narrative, as well as a detailed Budget Narrative for each year of the potential grant. Unless specified, you should develop your multi-year budgets based on level funding for each budget period. A level-funded budget is equal to the exact dollar figure of the year one budget. Your Budget Narrative should detail all costs. Please be sure to carefully review Section D.6 Funding Restrictions for specific information on allowable, unallowable, and restricted costs. Staff should be listed by position with salary and percentage of full-time equivalent to be devoted to this project, and the percentage of salary to be charged to the project. Any participant incentives proposed to be provided should be fully justified and include a description of internal controls in place to verify proper use. ***Please Note:*** Because your proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the Budget Narrative should describe the ***cost estimated per proposed project, activity, service delivered, and/or product***. The Budget Narrative should define the amount of work that is planned and expected to be performed and what it will cost with an explanation of how you expect this to be cost effective. The Budget Narrative does not count toward your total application page limit.

Appendices

All items described in this section will count toward the total page limit of your application.

Work Plan. The Project Work Plan should reflect, and be consistent with, the Project Narrative and Budget, and must cover all years of the project period. However, each year's activities should be fully attainable in one budget year. Multi-year activities may be proposed, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. The Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives,

and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, the work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

Letter of Commitment from all Participating Organizations and Agencies.

- The applicant must submit with its application a Letter of Commitment (LOC) between the applicant organization and each partner organization. The LOC must clearly delineate the roles and resources (including in-kind) that each entity will bring to the project; state the duration and terms of the agreement and cover the entire project period. The LOC must include all partners and be signed by the authorized representatives of each ACT partner. Signatures may be by facsimile transmission or other electronic means, and the LOC may be executed in any number of counterparts, all of which together shall constitute one signed LOC.

Letters of support are not the same as a Letter of Commitment. Letters of Support will not be accepted in lieu of a Letter of Commitment. Applicants should NOT provide letters of support, as letters of support such as this will not be considered during the review. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. Applicants should NOT provide letters of support, and letters of support such as this will not be considered during the review.

- **Institutional Review Board Approval Agreement.** The applicant is required to submit a signed letter with the application by the authorized official assuring that a Just-In-Time agreement will be submitted and Institutional Review Board approval will be obtained. The Just-In-Time agreement request may be made after the competitive application submission and initial qualifications have been met but must be made before final award selection. A request by HHS/OASH for a Just-In-Time agreement does not indicate that your application will be funded. Instead, it is an indication the application meets the minimum standards for consideration.
- **Confidentiality Plan.** The applicant must submit with its application a confidentiality plan for participants/clients that covers the entire five year period of the project. The plan must include all network partners and be signed by an authorized representative of each ACT partner. Signatures may be by facsimile transmission or other electronic means, and the confidentiality plan may be executed in any number of counterparts, all of which together shall constitute one signed confidentiality plan.

3. Unique Entity Identifier and System for Award Management (SAM)

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements through Grants.gov. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.

- You will find instructions on the Grants.Gov web site as part of the organization registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>.
- Your organization must register online in the System for Account Management (SAM). **Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations.**
- A quick start guide for grant registrants is available at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.
You should allow a *minimum* of five days to complete an initial SAM registration. Allow up to 10 business days *after you submit* your registration for it to be active in SAM.
- If your organization is already registered in SAM, you must renew your SAM registration *each* year. Organizations registered to apply for Federal grants through <http://www.grants.gov> will need to *renew* their registration in SAM.
- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should *check for active registration in SAM well before the application deadline*.
- If you are successful and receive a grant award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 CFR § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

- May determine that you are not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time you, the recipient, make a sub-award.

4. Submission Dates and Times

You must submit your application for this funding opportunity by **5:00 p.m. Eastern Time on the date indicated in the DATES section on page 1 of this announcement.** Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <http://www.grants.gov> . Grants.gov can take up to 48 hours to notify you of a successful submission. You are better off having a less-than-perfect application successfully submitted than no application at all.

If your submission fails due to problems with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline.**

5. Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities.” As soon as possible, you should discuss the project with the State Single Point of Contact (SPOC) for the State in which your organization is located. The current listing of the SPOCs is available at http://www.whitehouse.gov/omb/grants_spoc. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC.

The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240–453–8822.

6. Funding Restrictions

The allowability, allocability, reasonableness, and necessity of direct and indirect costs that may be charged to HHS/OASH grants must be in accordance with Department regulations and policy effective at the time of the award. Current requirements are outlined at 45 CFR part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.”

Indirect costs may be included per 45 CFR § 75.414. Applicants should indicate which method and/or rate is used for this application. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. A list of CAS regional offices is included in the grant application package for this announcement.

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Limitation:

The Consolidated Appropriations Act, 2016 (P.L. 114-113) limits the salary amount that you may be awarded and charge to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is \$185,100. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$185,100, their direct salary would be \$92,550 (50% FTE), fringe benefits of 25% would be \$23,137.50, and a total of \$115,687.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

| |
|---|
| Individual's <i>actual</i> base full time salary: \$350,000 |
| 50% of time will be devoted to project |

| | |
|---|---------------------|
| Direct salary | \$175,000 |
| Fringe (25% of salary) | \$43,750 |
| Total | \$218,750 |
| <p>Amount that may be claimed on the application budget due to the legislative salary limitation:</p> <p>Individual's base full time salary <i>adjusted</i> to Executive Level II: \$185,100</p> <p>50% of time will be devoted to the project</p> | |
| Direct salary | \$92,550.00 |
| Fringe (25% of salary) | \$23,137.50 |
| Total amount | \$115,687.50 |

Appropriate salary limits will apply as required by law.

7. Other Submission Requirements

Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it *will not* be accepted for review.

You may access the Grants.gov website portal at <http://www.grants.gov>. All HHS/OASH funding opportunities and grant application packages are made available on Grants.gov.

Your application will not be considered valid until all application components are received via Grants.gov by the HHS/OASH Office of Grants Management according to the deadlines specified in the DATES section on page 1 of this announcement. If your application does not

adhere to the due date and time requirements, it will be deemed ineligible and receive no further consideration.

If you choose to apply, you are encouraged to initiate electronic applications early in the application development process. Applying in advance of the deadline will allow you to address any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OASH restricts this practice and only accepts the file formats identified above. If you submit any file part of the Grants.gov application that is not in a file format identified above, it will not be accepted for processing and will be excluded from your application during the review process. You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to the above, we will exclude them from your application during the review process.

Important Grants.gov Information

You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for->

[grants.html](#) . These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information.

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Section D.3 for requirements related to DUNS numbers and SAM registrations.

E. APPLICATION REVIEW INFORMATION

1. Criteria: Eligible applications will be assessed according to the following criteria:

Factor 1: Executive Summary, Experience and Problem Statement (20 points)

- The quality and soundness of the description in the Executive Summary and Problem Statement of the proposed project and the nature and scope of the specific problem and/or issue(s) and proposed intervention.
- The quality and extent of the applicant's and subrecipients'/partners' experience providing childhood trauma services to minority and/or disadvantaged youth.
- The depth and breadth of knowledge of the problem demonstrated by the application, including factors that place youth at risk, at the local level.
- The extent to which the applicant demonstrates access to the target community(ies), and how well positioned and accepted are the applicant and its subrecipients/partners within the community(ies) to be served.
- Extent and documented outcome(s) of past efforts and activities with the target population, specifically minority and/or disadvantaged youth ages 5 to 15 years.

- Applicant's capability to manage and evaluate the project as determined by the applicant organization's experience in managing project activities involving at-risk youth.

. Factor 2: Goals and Objectives and Outcomes (10 points)

- Merit of the goals, objectives and relevance to the ACT purpose and expectations, relevance of objectives to Healthy People 2020 LHI measures and health issues related to childhood trauma.
- Degree to which objectives are measureable and attainable in the stated time frame.

Factor 3: Proposed Interventions, Special Target Populations and Organizations, Project Management and Work plan (50 points total)

Factor 3.1 Soundness of Confidentiality Plan and Letter of Commitment (10 of 50 points):

- Appropriateness of the confidentiality plan and process for participants/clients that covers the entire five year period of the project.
- Soundness of the ACT collaborative partners and the detailed Letter of Commitment (LOC) between the applicant organization and each partner organization including whether the LOC clearly details the roles and resources (including in-kind) that each entity will bring to the project; states that the duration and terms of the agreement cover the entire project period; and is one LOC signed

by an authorized representative of each partner organization (counterpart signatures are acceptable).

Factor 3.2 Appropriateness of Target Population(s) and Geographic Area(s) (15 of 50 points):

- The soundness of the description and documentation with data demographic information on the targeted population(s) and geographic area(s)) to be served, the prevalence of childhood trauma among the target population(s) and geographic area(s) to be served, and the primary languages spoken by the target population if there is high incidence of Limited English Proficiency.
- The soundness of the plan to recruit and retain sufficient participants, ages 5-15 years at the start of the project, to have a cohort of at least 50 individuals at the end of the five-year project period that have remained participants throughout the five years of the project.
- The numbers of anticipated participants in the project beyond the required cohort of at least 50 youths who remain in the project for the full five years.

Factor 3.3 Project Management, Work Plan, and Proposed Interventions (25 points of 50 points):

- Extent of the applicant's and its partners' experience providing culturally and linguistically appropriate childhood trauma services to minority and/or disadvantaged youth as evidenced by the Organizational Capability Statement and Curriculum Vitae for Key Project Personnel.

- Extent to which the following diagnostic tools to assess childhood trauma will be used: *Diagnostic and Statistical Manual, UCLA PTSD Reaction Index (DSM-5 Version)*¹⁰ and *Child and Adolescent Trauma Measures: A Review*.¹¹
- The appropriateness of the sequencing of diagnostic instruments related to childhood trauma both initially and throughout the duration of the project.
- The soundness of the logic and sequencing of the planned approaches as they relate to the recruitment of targeted students.
- The appropriateness of the sequencing of project activities related to childhood trauma for each year of the grant taking into consideration the increasing ages of participants the during the project.
- The quality and soundness of the applicant's plan to provide culturally and linguistically appropriate services, as set forth in the National CLAS Standards (<https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>), tailored to the target population(s).
- The extent that Implementation Domains are addressed using the SAMHSA *Guidance for a Trauma-Informed Approach*, pages 15 and 16.
- Appropriateness of plans to engage the comparison group and of the services to be provided to the comparison group.
- Appropriateness of defined roles of partnering organizations including staff reporting channels and that of any proposed consultants.

¹⁰ Steinberg, A.M, Beyerlein, B. The National Child Traumatic Stress Network. UCLA PTSD Reaction Index: DSM-5 Version. UCLA/Duke University National Center for Child Traumatic Stress, University of California, Los Angeles. www.nctsd.org/nctsn_assets/pdfs/mediasite/ptsd-training.pdf.

¹¹ Strand, V, Pasquale, L., Sarmiento, T. The National Child Traumatic Stress Network. *Child and Adolescent Trauma Measures: A review*. www.nctsnet.org.

- The applicant’s organizational structure and proposed collaborative project organizational structure, inclusive of clearly defined roles and responsibilities (include a chart of the projects organizational structure showing who will report to whom).
- The applicant’s demonstration of clear lines of authority between the applicant and partnering organizations.
- Qualifications, experience and appropriateness of proposed partnering organizations.
- Soundness of the established partnership roles in the program, including advisory board participants.
- Evidence of collaboration with schools, such as an agreement to provide de-identified data such as GPAs, standardized test scores, attendance rates, and records of suspensions and expulsions.

Factor 4: Evaluation Plan (15 points)

- Specificity of the Leading Health Indicator (LHI) measure (s) located in Healthy People 2020 under Mental Health (or other relevant LHI measures), that will be the baseline measure for the project. For example, “Adolescents who experience major depressive episodes” (MHMD-4.1: baseline number).
- Appropriateness of the proposed methods for data collection (including demographic data to be collected on project participants), analysis, and reporting.
- The degree to which intended results are appropriate for the objectives of the ACT overall, stated objectives of the proposed project and proposed activities.

- Appropriateness of plans for evaluating project's effectiveness through analysis of data from the participant cohort and the comparison group.
- Clarity of the intent and plans to assess and document progress toward achieving objectives, planned activities, and intended outcomes.
- Suitability of process, outcome, and impact measures. Potential for the proposed project to impact the health status of the target population(s) relative proposed ACT childhood trauma outcomes.
- Potential for the proposed project to impact the health status of the target population(s) relative to proposed ACT childhood trauma outcomes.
- Soundness of the plan to disseminate project results.
- Soundness of the plan to document the project for replication in similar communities.
- Appropriateness of logic model.

Factor 5: Budget Plan (5 points)

- Appropriateness, soundness and relevance of requested costs over the five-year project period.

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

Final award decisions will be made by the Deputy Assistant Secretary for Minority Health. In making these decisions, the following additional criteria may be taken into consideration: geographic distribution.

All award decisions, including level of funding if an award is made, are final and not appealable to any office or official in HHS/OASH.

3. Review of Risk Posed by Applicant

The HHS/OASH will evaluate each application in the fundable range for risks posed by an applicant before issuing an award in accordance with 45 CFR § 75.205. This evaluation may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed by the applicant will be applied to the Federal award. OASH will use a risk-based approach and may consider any items such as the following:

- (1) Applicant's financial stability;

- (2) Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$150,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants.

4. Anticipated Announcement and Federal Award Dates

HHS/OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days.

F. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. If you would like to track your application, please see instructions at <http://www.grants.gov/web/grants/applicants/track-my-application.html>.

The official document notifying you that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH Office of Grants Management. If you are successful, you will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if applicable. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

If you are unsuccessful, you will be notified by the program office by email and/or letter and will receive summary comments pertaining to the application resulting from the review process. On occasion, some applicants may receive a letter indicating that an application was approved but unfunded. These applications are kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

If you are successful and receive a Notice of Award, in accepting the grant award, you stipulate that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>. Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 CFR parts 74 and 92 have been superseded by 45 CFR part 75.

Grant funds may only be used to support activities outlined in the approved project plan. The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 CFR §75.308 for aspects of your grant award that will require prior approval for any changes from the Grants Management Officer. Modifications to your approved project that will require prior approval, include but are not limited to, a change in the scope or the objective of the project or program (even if there is no associated budget revision); budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or

the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

Program Specific Terms and Conditions

- **Institutional Review Board Approval Agreement.** If you are successful and receive a Notice of Award, your award will include a term requiring you to secure and submit an Institutional Review Board Approval Agreement for the funded period.

- **Confidentiality Agreement.**

If you are successful and receive a Notice of Award, your award will include a term requiring you to maintain a detailed confidentiality agreement for participants/clients for the funded period. This agreement must include all network partners and must be a single document signed by authorized representatives of each participating organization.

Signatures may be by facsimile transmission or other electronic means, and the confidentiality plan may be executed in any number of counterparts, all of which together shall constitute one signed confidentiality plan.

Lobbying Prohibitions

Pursuant to the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), you shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature

or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Non-Discrimination Requirements

Pursuant to Federal civil rights laws, if you receive an award under this announcement you must not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. The HHS Office for Civil Rights provides guidance to grantees in complying with civil rights laws that prohibit discrimination.

www.hhs.gov/ocr/civilrights/understanding/index.html.

HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency. See *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 68 Fed. Reg. 47311, 47313 (HHS Office for Civil Rights, 2003, www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf) or www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html. You must ensure your contractors and subrecipients also comply with federal civil rights laws.

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf), provides a practical framework for grant applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. Compliance with the National CLAS Standards meets the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency.

Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

Acknowledgement of Funding and HHS Rights to Materials and Data

Federal grant support must be acknowledged in any publication you develop using funds awarded under this program, with language such as:

This publication (journal article, etc.) was supported by Award No. _____ from the Office of Minority Health (OMH). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OASH.

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), you own the copyright for materials that you develop under this grant, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this grant and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and

Publications available at <http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>.

Pilot Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 CFR § 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Same-sex Spouses, Marriages, and Households

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: “In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By “same-sex spouses,” HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “same-sex marriages,” HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “marriage,” HHS does not mean registered domestic partnerships, civil unions or similar formal

relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.”

Human Subjects Protection

Federal regulations (45 CFR Part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in 45 CFR part 46 – Protection of Human Subjects. You may find it online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

3. Reporting

Performance Reports

You must submit performance reports on a quarterly basis. Your performance reports must address content required by 45 CFR § 75.342(b)(2). You must submit your performance reports by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

You will also be required to submit a final progress report covering the entire project period 90 days after the end of the project period. You must submit the final report by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

You will be required to report project-related data in the Office of Minority Health’s Performance Data System (PDS) (OMB No. 0990-0275, Expiration date 08/31/16). PDS is a

web-based management information system developed by the Office of Minority Health to enable collection of standardized performance data from OMH grant recipients.

Performance Measures

At the end of each funded year of this initiative, you should be able to demonstrate the measures listed earlier in this Funding Opportunity Announcement under PROGRAM DESCRIPTION, **Project Results**, Performance Measures.

Some additional performance measures suggested by OMH are set forth in Appendix B to this Funding Opportunity Announcement.

Financial Reports

You will be required to submit quarterly and annual Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of grant award. You will also be required to submit a final FFR covering the entire project period 90 days after the end of the project period. You must submit FFRs via our grants management system (GrantSolutions.gov) FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management System. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

Audits

If your organization receives \$750,000 or greater of Federal funds, it must undergo an independent audit in accordance with 45 CFR part 75, subpart F or regulations and policy effective at the time of the award.

Non-competing Continuation Applications and Awards

Each year of the approved project period, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. HHS/OASH will award continuation funding based on availability of funds, satisfactory progress of the project, and grants management compliance, including timely reporting. Additionally, failure to provide final progress or financial reports on other grants with HHS may affect continuation funding.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of

information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of Appendix XII to 2 CFR part 200—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 2 CFR part 200.

Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 CFR § 180.335, you as the participant must notify HHS/OASH, if you know that you or any of the principals for that covered transaction:

- (a) Are presently excluded or disqualified;
- (b) Have been convicted within the preceding three years of any of the offenses listed in 2 CFR § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- (c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 CFR § 180.800(a); or
- (d) Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 CFR § 180.350, you must give immediate written notice to HHS/OASH if you learn either that—

- (a) You failed to disclose information earlier, as required by 2 CFR § 180.335; or
- (b) Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 CFR § 180.335.

G. HHS AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH Office of Grants Management grants specialist listed below.

DeWayne Wynn

Office of Grants Management

1101 Wootton Parkway, Suite 550

Rockville, MD 20852

Phone: 240-453-8822

Email: dewayne.wynn@hhs.gov

For information on program requirements, contact the program office

Jacquelyn Williams

Office of Minority Health

1101 Wootton Parkway, Suite 600

Rockville, MD 20852

Phone: 240-453-8444

Email: Jacquelyn.williams@hhs.gov

H. OTHER INFORMATION

Awards under this Announcement

We are not obligated to make any Federal award as a result of this announcement.

Only the grants officer can bind the Federal government to the expenditure of funds. If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

Application for Federal Assistance (SF-424)

Budget Information for Non-construction Programs (SF-424A)

Assurances for Non-construction Programs (SF-424B)

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative

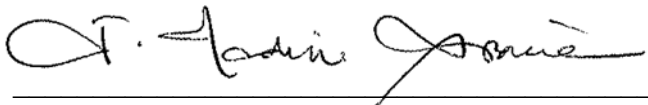
Budget Narrative

Appendices

- Work Plan
- Letter of Commitment between Applicant and All Subrecipient Organizations and Agencies
- Client Confidentiality Plan
- Applicant Letter signed by the authorized official assuring the Just-In-Time agreement will be submitted after being notified by HHS/OASH that the

competitive application submission and initial qualifications have been met but before final award selection and Institutional Review Board approval will be obtained.

- Organizational Capability Statement and Curriculum Vitae for Key Project Personnel



J. Nadine Gracia, MD, MSCE
Deputy Assistant Secretary for Minority Health
Director, Office of Minority Health
U.S. Department of Health and Human Services

2/2/2016
Date

APPENDIX A

Definitions

Behavioral health is a general term that encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and/or substance use disorders.¹²

Cohort: In order to track baseline indicators/measures in comparison to outcome indicators/measures, a cohort of at least 50 students (ages 5 to 15 years) selected in the 01 year of the grant must be maintained throughout the period of the grant. Because of the nature of cohorts (numbers of participants in closed cohorts may be reduced due to attrition) over the life of a project, a larger number of youth/students may be selected when the grant commences in order to maintain the original cohort of at least 50 youth/students at the end of the five year grant project period. To reiterate, at a minimum, the cohort of at least 50 youth/students must be supported for the entire period of the grant, although additional students ages 5-15 years can be recruited in the initial cohort, as well.

Comparison group: The applicant must provide a comparison group of students who match the characteristics of the target student population, but preferably are located at a different site than that of the cohort.

Disadvantaged refers to individuals or populations who are either *economically disadvantaged* or *environmentally disadvantaged*.

¹² HHS' Substance Abuse and Mental Health Services (SAMHSA), Glossary of Terms and Acronyms for SAMHSA Grants, <http://www.samhsa.gov/grants/grants-glossary>; accessed 10/29/2015.

Economically Disadvantaged refers to an individual who comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

Environmentally Disadvantaged refers to an individual who comes from an environment that has inhibited him/her from obtaining the knowledge, skill, and abilities to perform successfully in high school or undergraduate school based on factors including, but not limited to, the following:

- Graduated from (or last attended) a high school from which a low percentage of seniors received a high school diploma;
- Graduated from (or last attended) a high school at which, many of the enrolled students are eligible for free or reduced price lunches;
- Comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families (TANF), food stamps, Medicaid, public housing);
- Comes from a school district where 50 percent or less of graduates go to college or where college education is not encouraged;
- Is the first generation to attend college or is on public assistance;
- English is not his/her primary language; or
- Was accepted to the program after academic reassessment at the completion of remedial courses.

Limited English Proficiency (LEP) refers to individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter.

Minority or Minorities refers to American Indians (including Alaska Natives, Eskimos, and Aleuts), Asian American, Native Hawaiians and other Pacific Islanders, Blacks and Hispanics. Hispanic means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

Youth refers to individuals who are ages 5-15 at the start of the applicant's ACT program or at the time they start participating in the applicant's ACT program.

APPENDIX B

OMH Suggested ACT Performance Indicators

OMH suggests that successful applicants consider including the following performance indicators in the performance measures they collect and report:

Suggested ACT Annual Data Indicators:

- Number of students visits in the ACT cohort for preventive healthcare visits/immunizations;
- Use of health services, for all reasons – including as hospital outpatient or inpatient, or visit to general practitioner;
- Number of hospital emergency department and other hospital admissions for intentional injuries;
- Self-reported health-risk behaviors – such as cutting, harmful alcohol and drug use; multiple sexual partners; smoking; intimate partner violence;
- Discharges from hospital of children 5 to 9 years of age and 10 to 15 years of age, having been admitted as a result of child maltreatment and assault;
- Emergency room visits as a result of child maltreatment and assault in children;
- Externalizing and internalizing behaviors;
- Child development including physical, verbal and intellectual;
- Social competency of ACT students;
- Educational Achievement, including school performance;

- Encounters with criminal justice system – as victim or perpetrator;
- Homicides of children 5 to 9 years of age and 10 to 15 years of age;
- Suicides of children 5 to 9 years of age and 10 to 15 years of age;
- Deaths from child maltreatment in children 5 to 9 years of age and 10 to 15 years or age;
- Availability of community services to address consequences of child maltreatment;
- Parent-child attachment;
- Parental knowledge and expectations of child development – including physical, emotional, cognitive and sexual developments;
- Parental encounters related to child maltreatment with criminal justice system and child welfare services;
- Parental contacts with community service agencies;
- Parental knowledge, attitudes and behaviors related to discipline;
- Parental belief in the social acceptability of physical punishment for children; and
- Adults reporting adverse childhood experiences.¹³

Suggested ACT Biannual (Once Every Two Years) Data Indicators

- Number of students in the ACT cohort by gender;

¹³ *Preventing Child Maltreatment: A Guide to Taking Action And Generating Evidence*; World Health Organization and International Society for Prevention of Child Abuse and Neglect, 2006;
http://www.who.int/violence_injury_prevention/publications/violence/child_maltreatment/en/.

- Number of pregnancies in the ACT female cohort;
- Number of pregnancies among females in the comparison group;
- Number of pregnancies for which members of the ACT male cohort are responsible;
- Number of pregnancies for which males in the comparison group are responsible;
- Local (City or town) teen pregnancy rate in similarly situated students;
- State teen pregnancy rate in similarly situated students;
- Number of reported STDs in the ACT cohort;
- Rate of STDs locally in similarly situated students;
- Number of arrests reported in the ACT cohort;
- Number of arrests reported in comparison group;
- Number of detainments reported in the ACT cohort;
- Number of detainments reported in comparison group;
- Rate of arrests in school district for similarly situated students;
- Number of disciplinary actions, suspensions, expulsions occurred in the ACT cohort;
- Number of disciplinary, suspensions, expulsions occurred in comparison group;
- Rate of disciplinary actions, suspensions, expulsions in school, district or locally;
- Identified anti-violence indicators from YRBSS;
- Graduation rate for ACT students reaching HS senior year.
- Total in ACT;
- Number Graduated;
- Graduation rate locally in similarly situated students;
- Promotion rate to next grade in the ACT cohort. Total in ACT/Number Promoted;
- Local promotion rate for similarly situated students;

- Promotion rate in comparison group. $\text{Total in Comparison group} / \text{Number Promoted}$;
- Number of HS ACT students who graduated that are in college;
- Number of HS ACT students who graduated that are not in college;
- GPA of CACT students before ACT programming started;
- Latest GPA of ACT students after ACT programming;
- Number of contact hours/week per ACT student during academic year programming; and
- Total number of contact hours per ACT student during entire summer program.

APPENDIX C

Recommended Grantee Performance Measures

Participant ID (unique and non-identifiable, i.e. no names or birthdates)

Demographic characteristics (collected and entered for every participant individually)

- o Age
- o Grade
- o Gender
- o Race
- o Ethnicity
- o Language spoken at home
- o Special populations (if applicable)

Fidelity (based on facilitator and observer logs, observer quality rating & fidelity process form)

- In the past program year, what percentage of sessions were observed by an independent observer for fidelity assessment?
- What is the median percentage of activities completed, across sessions observed?
- What is the minimum and maximum percentage of activities completed, across sessions observed?
 - o Minimum
 - o Maximum
- What percentage of sessions were rated either 4 or 5 for overall quality?
- For what percentage of sessions completed do you have a completed fidelity monitoring log from the facilitator?
- What is the median percentage of activities completed, across sessions for which you have a completed fidelity monitoring log?

- Across cohorts, what is the median percentage of sessions implemented?
- What is your score on the 24-point fidelity process scale?

Dosage of services received by participants (attendance is entered for every program participant for every scheduled class/session). OMH calculates the following:

- What is the median % of program services received by youth?
- What is the median % of program services received by parents (if applicable)?
- What % of youth received at least 75% of the program?
- What % of parents received at least 75% of the program?

Partners

Formal partners are organizations (e.g., schools) with whom the grantee has an MOA, contract or other formal written agreement in place to provide service or other contribution relevant to the TPP program.

Informal partners are organizations with whom the grantee does not have a formal written agreement in place.

- How many formal/informal partners are you currently working with?
- How many of these formal/informal partners are new for this reporting period?
- How many formal/informal partners did you lose during this reporting period?
- What is the total number of formal/informal partners you have had since the beginning of the project?
- How many formal/informal partners have you lost since the beginning of the project?

Training

- In the reporting period, how many new intervention facilitators (including teachers) have you or one of your partners trained? Please include only training provided to new facilitators.
- In the reporting period, how many intervention facilitators (including teachers) have you or one of your partners given follow-up training?

Dissemination

- How many manuscripts have you had accepted for publication in the past year (including

both articles that were published and those that have been accepted but not yet published)? Do not include manuscripts previously reported as published.

- Please list the references for any published manuscripts published in the past year.
- How many presentations have you made at each of the following levels in the past year:
 - o National or regional? ____

Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)

o State? ____

Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)

o National or regional? ____

Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)

o State? ____

Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)

Recommended Participant-Level Performance Measure Questions

Date ____________

Demographic Questions (Inform Reach)

1. In what month and year were you born?

MARK (X) ONE MONTH AND ONE YEAR

- | | |
|-----------------------------------|-------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> 2001 |
| <input type="checkbox"/> February | <input type="checkbox"/> 2002 |
| <input type="checkbox"/> March | <input type="checkbox"/> 2003 |
| <input type="checkbox"/> April | <input type="checkbox"/> 2004 |
| <input type="checkbox"/> May | <input type="checkbox"/> 2005 |
| <input type="checkbox"/> June | <input type="checkbox"/> 2006 |
| <input type="checkbox"/> July | <input type="checkbox"/> 2007 |

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> August | <input type="checkbox"/> 2008 |
| <input type="checkbox"/> September | <input type="checkbox"/> 2009 |
| <input type="checkbox"/> October | <input type="checkbox"/> 2010 |
| <input type="checkbox"/> November | <input type="checkbox"/> 2011 |
| <input type="checkbox"/> December | <input type="checkbox"/> 2012 |

Alternative question:

How old are you?

2. What grade are you in? (If you are currently on vacation between grades, please indicate the grade you will be in when you go back to school).

- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ Ungraded
- ☐ College/Technical school
- ☐ Not currently in school

3. Are you male or female?

MARK (X) ONE ANSWER

- ☐ Male
- ☐ Female

4. Are you Hispanic or Latino?

MARK (X) ONE ANSWER

- ☐ Yes
- ☐ No

5. What is your race?

MARK (X) ONE OR MORE THAN ONE ANSWER

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White